Los Angeles County Sheriff's Deparament Officer Involved Shooting

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Report Date: July 6, 2015	Bureau/Station/Facility:	Lakewood Station	n	Admin, Ir	ivest.? Hit?
		Incident Informati	on		
URN: 015	-13249-1321-013	Date:	July 6,	2015 Tin	ne: 1045 hours
City or Station:	Lakewood	Nature of Incident:		bases Colorie and I	Pitolog abot Cuspost
Location: Adenmoor Ave	enue, Lakewood			hnson, Solorio, and E nned a deputy betwe	
Location Type (check one or more): Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School Street Other:	Lighting (check only one): Darkness Daylight Other Street Lights Weather (circle only one): Clear Cloudy Fog Rain Distance: less than 12' puty Total # of Shots Fired by Suspect	Incident Type (check	one or mi	Arrest Wa Call Observation One Person Other Search W	on on Unit errant on Unit check only one):
Total # of Shots Fired by Dep 32	O O State of Shots Fired by Suspect	Other:		Aero Unit?	Canine Unit?
		Employee Witnes	ses		
Employee#	Jobling ast Name Firs Santoyo	t Name James t Name Sergio t Name	M.I. A.	EM PM Day ShiftTime (check only one): ShiftTime (check one): ShiftTime (check only one): ShiftTime (check one): ShiftTime (check only one): ShiftTime (check one): ShiftTime (check one): ShiftTime (c	niftType (check only one): Regular Overtime Off Duty niftType (check only one): Regular Overtime Off Duty niftType (check only one):
Employee#	Oberle	Grant			Regular Overtime Off Duty
Look Name		on-Employee Witn	esses First N	ame	M.(.)
	micide Investigation Book, E	xhibit A)	Zip Co		Home Ph
Street Address	City		1000	7.0	
Last Name			First	lame	M.J.
Street Address	City		Zip Co	ode Work Ph	Home Ph
Last Name			First N	lame	M.I.
Street Address	City		Zip Co	nde Work Ph	Home Ph
		Supervisors			
Employee # Last Nar	ne First N Jobling	200 200 444	M.J.	(check one or more): On Duty	✓ Witness to shooting
Employee # Last Nar	2.4		M.I.	Present during shooting (check one or more): On Duty Present during shooting	☐ Witness to shooting
		Watch Sergear			
Employee # La	st Name Martin		F	rst Name Jenny	M.L
	THE COLUMN	Watch Comman	der		
Employee # La	st Name			irst Name	M.I.
100	Moses			Steven	J.

	PSTD Use Only	
SH#	2382110	

Officer Involved Shooting

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				R	ollout Information				
Arrival	June 6, 201	5 ^	rrival Time 1210 hou	ırs	Date Submitted 08-	15-17	Date of Recommendation		
Emplo	Last N	lame	De	enis	on	First Name	Trent		M.I.
Emplo	byee # Last N	ame	F	Rive	r	First Name	Terisa		MJ.
Emplo	byee # Last N	ame	F	lore	S	First Name	David		M.I.
			Sho	ooti	ng / Force Inform	ation			
Meth	od					Туре	of Injury	Body	Part Injured
(AW) (BC) (BI) (CR) (CR) (CT) (TD) (CE) (OC) (TG) (FR) (FS) (FD) (FB) (FD) (FD)	Arwen Baton: (Control) Baton: (Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds: (Control 1 Control Holds: (Takedow Chemical Chemical Agents (OC S Chemical Agents (Tear Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Other) Flashbang	kedown) m) pray)	(OO) Other We (PK) Personal (PS) Personal (PH) Personal (PP) Personal (RS) Resistant (CN) Restraint (RH) Restraint (HB) Restraint (TP) Restraint (TP)	eapon Wea Wea Wea Wea Wea Devi Devi Devi Devi	a: Blunt Object a: Other pon: Feet/Leg: (Kick) pon: Feet/Leg: (Sweep) pon (Hand/Arm) pon (Push) pon (Other) ce (Capture Net) ce:(Handcuffs) ce:(Hobble (Legs Only) ce:(Hobble (TARP) ce: REACT Belt	(AB) (BR) (BU) (CP) (CD) (CD) (CD) (CD) (CD) (CD) (CD) (CD	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AR) (BK) (BT) (CH) (EL) (FA) (FE) (GE) (GR) (HD) (HS) (IN) (XX) (LEK) (SH)	Abdomen Ankle Arm Back Buttocks Chest Elbow Face Feet Fingers Genitals Groin Hand Head Hip Internal Knees Leg Neck Shoulder
(AK) (BN) (BR) (BW) (CH) (CO) (DA) (GL) (HA) (HI) (HK) (IT)	AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardsol Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Lorcin (S Luger (S Marlin (S Mossberg (T NCI aka SKS (W	W) R) S) T) A) VE) VN)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate)	(10) 1 (12) 1 (20) 2 (21) 2 (22) 2	Per (24) .243 ca on mm (25) .25 calii 2 guage (30) .308 ca on guage (35) .357 ca on guage (36) .305 ca on guag	liber (ber (liber (liber (aliber (ber () ber (ber (ber (ber () ber () ber (ber ()	Wrist 41) .410 guage 44) .44 caliber 45) .45 caliber 50) 50 mm SL) Slug WW) Other calibe

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S	E1-4	RS				- 1	NN	
S	E1	PK					CP	CH
S	E2	PK					CP	LE
S	E3	PK					CP	LE
S	Dep. Oberle	OV					AB	LE
E1	S	OC					NN	FA
E1	S	FH	SW	9	Y	Υ	GS	CH
E2	S	TR					NN	CH
E2	S	FH	SW	9	Y	Y	GS	СН
E3	S	OC		11			NN	FA
E3	S	BI		14-5-1			AB	LE
E3	S	FH	SW	9	Y	Y	GS	CH
E4	S	FL		4 - 4			NN	HD
E4	S	FL		Si Tagar			NN	FA
E4	S	FH	SW	9	Υ	Υ	GS	СН

Officer Involved Shooting Involved Employee Information

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			Involved Employee		
E 1	Employee#Last Name		Bitolas	First Name Micha	
	Sex: M Race: W Rank:	osg	Unit Assignment Lakewood	Work Assignment (Unit #, Module, 132)	etc.)
	ShiftTime (circle only one) ShiftType (circle on EM PM Day Regular Over	5 To 20 To 2	Intoxication/Drug Usage?	Substance Used:	
	EM	ime On buty	Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting: Duty Time /hrs):		(circle only one):	Other Factors:	
	Age: Height: Weight:	Plain	Clothes no Vest Raid Jacket w/ Vest Uniform no Vest	st.	
	5'09" Range Qualification Date:		lacket no Vest Uniform w/ Vest	Laser Training Date:	
	Certified with Weapon Patrol Certification	11.5	ation Unit: Prior Sho	Number of Prior	Directed Force:
	Used? Calibe		hote Weapons Fired	Shootings:	# Shots
	Brand: Beretta	9mm	5 Brand:	es cursos	MI
	Field Training Officer Emp #			First Name	M.I.
	Field Training Officer Emp # Last Na	me		First Name	IVII.
- 0	Employee# Last Name			First Name	M.I.
E 2			Solorio Unit Assignment:	Robe Work Assignment (Unit #, Module,	etc.):
	М Н	OSG	Lakewood	Substance Used:	1
	ShiftTime (circle only one): ShiftType (circle o	The second secon	Intoxication/Drug Usage?		
	Hospital Admission? Hospital Name:		Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting: Duty Time (hrs):	and the same of th	(circle only one) Clothes no Vest Raid Jacket w/ Ve	Other Factors:	
	Age: Height: Weight:	100 Plain	Clothes w/ Vest Uniform no Vest Jacket no Vest / Uniform w/ Vest	56	
	Range Qualification Date:		palification Date:	Laser Training Date:	
	Certified with Weapon Patrol Certification	? Certific	ation Unit: Prior S	nootings? Number of Prior Shootings:	Directed Force:
	Weapons Fired M&P Calib	9mm #S	hots 3 Weapons Fired	Caliber	# Shots
	Field Training Officer Emp#	311111	3 Brand:	Post	MI
	Field Training Officer Emp#			First Name	MI
		=3			MJ
E 3	Employee # Last Name		Johnson	First Name Antho	ony A.
	Sex: M Race: W Rank:	DSG	Unit Assignment: Lakewood	Work Assignment (Unit #, Module 132	
	ShiftTime (circle only one): ShiftType (circle of PM PM Day Regular Over		Intoxication/Drug Usage?	Substance Used:	
	Hospital Admission? Hospital Name:	uno 🗌 on sur,	Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting: Duty Time (hrs):		(circle only one):	Other Factors:	1 2 2 2 10
	Age: Height: Weight:	Plain	Clothes no Vest Raid Jacket w/ Ve Clothes w/ Vest Uniform no Vest	st	
	S'10" Range Qualification Date:		Jacket no Vest Uniform w/ Vest	Laser Training Date:	
		2 - 200	ation Heit Dear S	hootings? Number of Prior	Directed Force:
	Used?	# 6	Shate Weapons Fired	Shootings: Caliber	# Shots
	Brand: M&P	er 9mm # s	15 Brand:	First Name	MI
	Field Training Officer Emp #			First Name	M.I.
	Field Training Officer Emp # Last Na	me) list Hame	NAT.

Officer Involved Shooting Involved Employee Information

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		747	Involve	d Emplo	yee			
Employee#	Last Name					First Na	ne	MI
Sex: M Race. H	Rank: DSG		Unit Assignm La	^{ent:} akewood	T.	Work Assi	gnment (Unit #, Module 132	, etc.): [2
ShiftTime (circle only one): EM PM Day	ShiftType (circle only one) Regular Overtime		Intoxication/E	Orug Usage?		Substance	used:	
Hospital Admission?	Hospital Name:		Coroner Cas	se?		Coroner C	Case #	Interviewed?
Hrs of sleep prior to shooti	ng: Duty Time (hrs):		(circle only one			Other Fac	itors:	
	6'01" Weight: 230	Plain Raid	Clothes no Vest Clothes w/ Vest Jacket no Vest	Uniform v				
Range Qualification Date:		PPC Qu	ualification Date	9:		1	aser Training Date:	
Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit:	, F	Prior Shoot	tings?	Number of Prior Shootings:	Directed Force:
Weapons Fired Brand:	M&P Caliber 9m	m #S	hots 9	Weapons Brand:	Fired		Caliber	# Shots
Field Training Officer Emp	# Last Name			4		First Nan	ne	M.I.
Field Training Officer Emp	# Last Name					First Nan	ne	M.J.
Employee#	Last Name					First Na	me	M.I.
Sex: Race:	Rank:		Unit Assignm	ent:		Work Assi	gnment (Unit #, Module	, etc.):
ShiftTime (circle only one)	ShiftType (circle only one)			-		Substance	u Used:	
☐ EM ☐ PM ☐ Day	Regular Overtime		Intoxication/	Orug Usage?				
Hospital Admission?	Hospital Name:		Coroner Cas	se?		Coroner C	Jase #	Interviewed?
Hrs of sleep prior to shooti	ng: Duty Time (hrs):		(circle only one		ket w/ Vest	Other Fac	tors:	
Age: Height:	Weight	Plain	Clothes w/ Vest Jacket no Vest	Uniform to	no Vest			
Range Qualification Date:		PPC Qu	alification Date	9;		L	aser Training Date:	
Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit:		Prior Shoo	otings?	Number of Prior Shootings:	Directed Force:
Weapons Fired Brand:	Caliber	#S	hots	Weapons Brand:	Fired		Caliber	# Shots
Field Training Officer Emp	# Last Name			Bialiu,		First Nan	ie	M.I.
Field Training Officer Emp	# Last Name					First Nan	ne	M.I.
Employee#	Last Name	***				First Na	me	M.J.
Sex: Race:	Rank:		Unit Assignm	ent		Work Assi	gnment (Unit #, Module	, etc.):
ShiftTime (circle only one):	ShiftType (circle only one) Regular Overtime		Intoxication/	Orug Usage?		Substance	e Used:	
Hospital Admission?	Hospital Name:	JOH Duty	Coroner Cas	se?		Coroner C	Case #	Interviewed?
Hrs of sleep prior to shooti	ng: Duty Time (hrs):		(circle only one		dest will Most	Other Fac	ctors:	
Age: Height:	Weight:	Plain	Clothes no Vest Clothes w/ Vest Jacket no Vest					
Range Qualification Date:		PPC Qu	ualification Date	9:		L	aser Training Date:	
	Patrol Certification?	Certific	aton Unit:		Prior Sho	otings?	Number of Prior Shootings:	Directed Force:
Certified with Weapon Used?								77.27
	Caliber	# S	ihots	Weapons Brand:	s Fired		Caliber	# Shots
Used?	Caliber	# S	ihots		s Fired	First Nam		# Shots M.I.

Officer Involved Shooting Suspect Information

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		30-20 March 1997	uspect			
1	Last Name	Berry		First Name	John	M.L. [
	AKA Last Name			First Name		M.I.
1	Sex: M Race: W	Street Addres		City		Ctota & Zin Code
1	Work Phone:	Home Phone:	Social Sec	curity #:	Driver's License #	
1	Age: 29 D.O.B. 01-23-84	Height: 6'01" Weight: 175	FBI#		CII#	
1	Booking #	Primary Charge:	-	Secondary Charge:		
1	Coroner Case? ✓	Coroner Case # 2015-04657		Intoxication/Drug Usage?	Substance Used:	
ł	Armed?	Apprehended?		Mental Illness? ✓	Criminal History?	
1	Vehicle Make Model	Year.	Parc	ole: Probation:	Prior Felony	Conviction:
	BMW, two door sedan, 200 Last Name)8		First Name		M.I.
4	AKA Last Name		First Name	_	M.I.	
	AUTH ENGLISHING					
	Sex: Race:	Street Address:		City		State & Zip Code:
	Work Phone:	Home Phone:	Social Ser	curity #:	Driver's License #:	
1	Age: D.O.B.	Height: Weight:	FBI#		CII#	
1	Booking #	Primary Charge:		Secondary Charge:		
1	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
- 1					Criminal History?	
	Armed?	Apprehended? Year.	Parc	Mental Illness? Probation:	Griminal History? Prior Felony	Conviction:
	Armed? Vehicle Make Model		Parc	ole: Probation:		Conviction:
	Armed?		Parc			
	Armed? Vehicle Make Model	Year.	Parc	Probation: First Name First Name		M.I.
	Armed?	Street Address:		First Name First Name City	Prior Felony	M.I.
	Armed?	Year.	Parc	First Name First Name City		M.L.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race:	Street Address:		First Name First Name City	Prior Felony	M.L.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone:	Street Address:	Social Ser	First Name First Name City	Prior Felony Driver's License #:	M.L.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Street Address: Home Phone: Height: Weight:	Social Ser	First Name First Name City curity #:	Prior Felony Driver's License #:	M.I.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Street Address: Home Phone: Height: Weight: Primary Charge:	Social Ser	First Name First Name City curity #:	Prior Felony Driver's License #: Cil #	M.L.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Ser	First Name First Name City curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Prior Felony Driver's License #: CII # Substance Used: Criminal History?	M.I.
	Armed?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Set	First Name First Name City curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Prior Felony Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. Stale & Zip Code:
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Set	First Name First Name City curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation:	Prior Felony Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. State & Zip Code:
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Last Name AKA Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:	Social Set	First Name First Name City Curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name	Prior Felony Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. State & Zip Code: // Conviction: M.I. M.I.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Set	First Name First Name City Curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Prior Felony Driver's License #: CII # Substance Used: Criminal History?	M.I. M.I. State & Zip Code: // Conviction: M.I. M.I.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Se	First Name First Name City Curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Prior Felony Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #:	M.I. M.I. State & Zip Code: Conviction: M.I. M.I.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Ser FBI #	First Name First Name City Curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City Curity #:	Prior Felony Driver's License #: CII # Substance Used: Criminal History? Prior Felony	M.I. M.I. Stale & Zip Code: Conviction: M.I. M.I.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge:	Social Se	First Name First Name City Curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Prior Felony Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #: CII #	M.I. M.I. Stale & Zip Code: Conviction: M.I. M.I.
	Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Se	First Name First Name City Curity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City Curity #:	Prior Felony Driver's License #: CII # Substance Used: Criminal History? Prior Felony Driver's License #:	M.I. M.I. Stale & Zip Code: